CHINCOTEAGUE CODE

ADDENDUM 3

APPLICATION FOR PRELIMINARY PLAT APPROVAL

1.	NAME OF SUBDIVISION	MINOR	MA	A I O R	
1.					
2.	NAME OF APPLICANTADDRESS				
	(Street No. and Name	e) (P.O.)		(Zip Code)	
3.	NAME OF LOCAL AGENT				
	ADDRESS(Street No. and Name			(Zip Code)	
4.			PHONE		
	ADDRESS(Street No. and Name	a) (PO)	(State)	(Zin Code)	
	(Street Ivo. and Ivain	(1.0.)	(State)	(Zip Code)	
5.	ENGINEER_		PHONE		
	ADDRESS(Street No. and Name	e) (P.O.)	(State)	(Zip Code)	
6.	LAND SURVEYOR		PHONE		
	ADDRESS(Street No. and Name		(State)	(Zip Code)	
7.	ATTORNEY		PHONE		
	ADDRESS(Street No. and Name	e) (P.O.)	(State)	(Zip Code)	
8.	SUBDIVISION LOCATION: On the			(Street)	
	feet	_ (Direction) of	(Street)		
9.	POSTAL DELIVERY AREA SCHOOL DISTRICT				
10.	TOTAL ACREAGE	EAGEZONE		NO. LOTS	
11.	TAX MAP DESIGNATION: SECTION		LOT(S)		
	Has the zoning board of appeals	-			

APPENDIX B-LAND SUBDIVISION AND DEVELOPMENT

13.	Date of sketch plat approval
14.	Have any changes been made since this plat was last before the commission? If so, describe
15.	List all land proposed to be subdivided
16.	Owners of land 250 feet adjacent or opposite
17.	Attach five copies of proposed preliminary plat.
	, hereby depose and say that all the above statements and the statements tained in the papers submitted herein are true.
MA	ILING ADDRESS: